

National Infection Prevention and Control Strategy

Action Plan

YEARS 1 – 5

Draft



Foreword

This action plan builds upon the Infection Prevention and Control (IPC) Strategy ([link](#)) and sets out the range of activities needed to achieve the strategy vision.

The five key priority areas include, leadership and governance, strategic IPC workforce planning, health intelligence, built environment and outbreak management. The activities and priority areas aim to reduce healthcare associated infections and antimicrobial resistance across the health system.

This action plan has been developed through consultation with the National Infection Prevention and Control Leadership Group (NIPCLG).

The next stage of this action plan will be the development of the identified activities through a workplan, with clear direction on how these will be achieved including progression reporting, resources and proposed time frames, monitoring and evaluation.

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Objective 1: Leadership and governance

Goal

Inclusive and effective leadership and governance structures in place at national, regional, and local levels that also provide true Māori partnership.

Meets Ngā Paerewa Health and Disability Service Standards: NZS8134.2021

Part 5: Infection prevention and antimicrobial stewardship

5.1 Governance

5.3 Antimicrobial stewardship and implementation

Focus areas

1.1 A national IPC programme to prevent healthcare associated infections (HAI) and reduce the spread of antimicrobial resistance (AMR).

1.2 IPC governance, leadership and management, at a national level and within health facilities/organisations.

1.3 National IPC guidelines in partnership with key agencies.

Activities for area 1.1

1.1.1 Co-design an integrated, national IPC programme with clearly defined objectives, functions, and activities:

- in partnership with Māori
- consistent with the World Health Organisation (WHO) guidelines on components of IPC programmes, 2016, and minimum requirements of IPC programmes, 2019.

1.1.2 Secure national funding to ensure sustained resourcing for the national IPC programme and strategy.

1.1.3 Secure permanent, centrally resourced, national IPC expertise.

1.1.4 Maintain a national interdisciplinary IPC governance body (NIPCLG).

1.1.5 Support implementation and evaluation of the IPC programme across all health settings.

1.1.6 Maintain collaboration and connectedness between key stakeholder agencies.

1.1.7 Ensure that there are understood and implemented mechanisms in place at local regional or national levels for reporting IPC concerns or issues.

Activities for area 1.2

1.2.1 IPC co-governance and leadership at national and organisational/facility levels that:

- has whānau, hapu and iwi partnership
 - is nationally consistent
 - has tiered structure.
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1.2.2 Establish a national interdisciplinary IPC team with technical expertise to support national policy decisions.

1.2.3 Develop IPC leadership, capacity and capability in the IPC workforce (refer to focus area 2.2).

Activities for area 1.3

1.3.1 Establish a schedule to develop and routinely update technical evidence-based, Ministry of Health (MOH)-approved guidelines:

- in partnership with Māori with equity as a priority focus and other key agencies
 - that are adaptable to the local context
 - that promote improved IPC practices.
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Objective 2: Strategic IPC workforce planning

Goal

Improved health outcomes in all settings where health care is provided through a sustainable, skilled and diverse IPC workforce that is responsive to Māori and all New Zealanders.

Meets Ngā Paerewa Health and Disability Service Standards: NZS8134.2021

Part 2: Workforce and Structure

2.2 Quality and risk

2.3.4 Education and training

Focus areas

2.1 A skilled health care workforce that implements IPC principles and practices.

2.2 IPC specialists are capable and empowered, and their expertise is advanced through IPC educational programmes and training.

Activities for area 2.1

2.1.1 Co-design with Māori partners, IPC principles and practices that relates to and embraces a Te Ao Māori/Māori world view.

2.1.2 Investigate funding to support IPC postgraduate training across the health workforce.

2.1.3 Maintain and strengthen under-graduate health workforce training in IPC, in collaboration with tertiary institutions and other relevant agencies and professional groups.

2.1.4 Develop National IPC core competencies for guidance and recommendations for training for all health care workers that:

- are clinically and culturally safe
- promote equitable health outcomes for Māori (refer to activity 1.2.1)
- are culturally appropriate
- align with the national IPC programme educational recommendations.

2.1.5 Facilitate access to resources in collaboration with other agencies to support:

- IPC educational activities to improve IPC practice
- the implementation of national HAI prevention strategies
- national IPC guidelines and quality improvement initiatives.

2.1.6 Promote IPC Champions across organisations and health sectors who are linked through IPC networks to promote and implement infection prevention and quality improvement activities.

2.1.7 Support development of innovative educational approaches involving patients, whānau and carers to help prevent infections.

Activities for area 2.2

2.2.1 Support the existing National IPC College IPC fundamentals training programme.

2.2.2 Support postgraduate training in IPC and hospital epidemiology in collaboration with tertiary institutions, relevant professional groups and overseas training programmes (refer to 2.1.3).

2.2.3 Review existing career pathways for IPC professionals (nursing, medical allied health and other health-related professionals) that advance IPC expertise (refer to activity 2.2.2).

2.2.4 Plan for development of a diverse multidisciplinary IPC workforce with IPC expertise across the health sector that prioritises Māori and Pacific Peoples' representatives.

2.2.5 Provide recommendations for specific dedicated trained IPC roles and minimum expected resource and authority within organisations.

2.2.6 Support local, regional and national networks that facilitate sharing of strategies and experience.

Objective 3: IPC Health intelligence

Goal

A comprehensive and connected IPC intelligence programme that is accessible and user friendly to all parts of the health system.

Meets Ngā Paerewa Health and Disability Service Standards: NZS8134.2021

Part 5: Infection prevention and antimicrobial stewardship

5.1 Surveillance

5.3 Antimicrobial stewardship and implementation

Focus areas

3.1 A national healthcare associated infection and antimicrobial resistance surveillance programme.

3.2 Reporting of HAI and AMR surveillance data in a timely manner that supports quality improvement activities.

Activities for area 3.1

3.1.1 Develop a national strategic plan for surveillance and monitoring of HAI infections and antimicrobial resistance:

- in partnership with Māori health agencies acknowledging Māori data sovereignty
- in partnership with other key agencies
- that supports HQSC current surveillance
- supported by a national multidisciplinary team.

Activities for area 3.2

3.2.1 Review and develop a reporting system for analysis of data and information.

3.2.2 Review systems to facilitate monitoring results and surveillance data locally and nationally that support quality improvement implementation which reduce HAIs.

3.2.3 Review systems for reporting of process and outcome markers that include data sets for Māori and Pacific Peoples to improve health outcomes.

3.2.4 Review mechanisms to facilitate feedback to all involved key players from senior management to frontline staff using modern technology such as the HQSC QSM reporting.

Objective 4: Environment, equipment and infrastructure

Goal

Buildings and equipment are designed to prevent the spread of infection. Where existing facilities cannot be upgraded then appropriate mitigation strategies are in place.

Meets Ngā Paerewa Health and Disability Service Standards: NZS8134.2021

Part 4: Person - centred and safe environment

4.1.2 The facility

Part 5: Infection prevention and antimicrobial stewardship

5.2 The infection prevention programme and implementation

5.5 Environment

Focus areas

4.1 Ensure that patient care activities are undertaken in safe environments that facilitate practices related to the prevention and control of HAI and AMR.

4.2 Ventilation controls within healthcare facilities.

Activities for area 4.1

4.1.1 Review current international health care environmental standards for built environments.

4.1.2 Develop or adopt a national standard for new builds that are fit for purpose within the New Zealand context.

4.1.3 Develop a risk mitigation approach for existing builds and mechanisms for reporting findings.

4.1.4 Incorporate funding and budget considerations into the 'National health care environmental IPC risk and mitigation plan' to ensure all health care environments are optimised for IPC.

4.1.5 Establish national reporting mechanisms for health care venues that have identified areas for improvement for areas such as adequate space, water, sanitation and hygiene infrastructure, seating, ventilation, lighting, and task lighting (IPC capability).

4.1.6 Develop communication strategies to inform health providers that IPC services must be involved from the concept stage with 'health' building projects (such as renovation/new builds) and continues to the final build/completion stage.

4.1.7 Consider how input from IPC experts can best be incorporated into community health build projects to enable improvements in areas such as adequate space, water, sanitation and hygiene infrastructure, seating, ventilation, lighting, and task lighting on a national level.

Activities for area 4.2

4.2.1 Undertake a review of international evidence and to develop and set a standardised national approach to managing airborne infection risk and associated recommendations that included criteria to minimise risks from airborne infections.

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Objective 5: Outbreak management

Goal

There are robust outbreak management systems through a nationally coordinated approach to rapidly identify, investigate, and manage outbreaks.

Meets Ngā Paerewa Health and Disability Service Standards: NZS8134.2021

Part 5: Infection prevention and antimicrobial stewardship

5.2.4 The infection prevention programme and implementation

Meets Health act 1956 for notifiable diseases in New Zealand

Section(s) A, B, C Part 1, 2 and 3 Notifiable infectious diseases

Focus areas

5.1 A framework for healthcare-associated outbreaks across the health sector that is scalable and reflective of the health facility/organisation's needs.

5.2 Effective collaboration of all agencies active in outbreak management including the Ministry of Health, Māori Health Authority, Health New Zealand, Public Health Agency, Regional Public Health Units and ESR.

Activities for area 5.1

5.1.1 Review effectiveness of current national IPC guidelines for outbreak management and identify gaps and areas for inclusion.

5.1.2 Review international IPC guidance documents in preparation for activity 5.1.3

5.1.3 Co-design national guidance (for outbreak management) in partnership with Māori following review and ensuring that:

- other relevant expertise from other stakeholders is part of development group is sought
- aligns with IPC AMR programmes, Multi-drug resistant organisms and Carbapenemase-producing *Enterobacteriaceae* guidelines
- embeds good IPC practice as described in the World Health Organization Framework and toolkit for infection prevention and control in outbreak preparedness, readiness and response at the national level. (2021)
- a standardised approach has been included for incident management, national reporting and culturally appropriate communication about non-notifiable diseases outbreak management
- considered learnings from the COVID-19 response and IPC measures undertaken.

5.1.4 Review implemented national guidance to enable adjustments to guidance.

5.1.5 Develop an evidenced based tool kit that:

- provides optimal IPC guidance to support IPC teams undertaking investigations of a suspected outbreak in healthcare settings at the local level
- adaptive to the local context
- implemented at local and national levels
- review and evaluate effectiveness through central mechanisms.

Activities for area 5.2

5.2.1 Maintain linkages to other stakeholders such as ESR and Public Health.

5.2.2 Develop and evaluate effectiveness of memorandums of understanding (MOUs) that are inclusive of IPC initiatives, surveillance and public health actions to manage outbreaks to improve IPC outcomes with other relevant agencies.
